MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/980216	

APPLICANT(S)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5		/		/		
6		2		/		
7		/		/		
8		/		/		
9		0		/		
10	/		/			
11	/		/			
12		2		/		
13	/		/			
14		/		/		
15		2		/		
16		6		/		
17		/		/		
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19		/		/		
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49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	19		16			
TOTAL CLAIMS	23		22			

CLAIM	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS